## FORM D

SEC Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

APR 07 2008

Weshington, DC

- 101

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
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hours per response.....16.00

| SEC USE ONLY |          |  |  |  |  |  |
|--------------|----------|--|--|--|--|--|
| Prefix       | Serial   |  |  |  |  |  |
| DATE F       | RECEIVED |  |  |  |  |  |
| ļ            | 1        |  |  |  |  |  |

| A.   | BASIC IDENTIFICATION DATA                                    |  |
|--|--|--|
| 1. Enter the information requested about the issuer                            |  |  |
| Name of Issuer ( check if this is an amendment and name north HILLJE PROSPECT, |  | 08043870<br>URE  |
| Address of Executive Offices   | (Number and Street, City, State, Zin Code)                   | Telephone Number (Including Area Code)                 |
| 545 E. John Carpenter Fwv.   | #1600, Irving, TX (Number and Street, City, State, Zip Code) | (972) 556-1430. Telephone Number (Including Area Code) |
| Brief Description of Business  Participation in explor                         | ration & operation of  | oil and/or gas project                                 |
| Type of Business Organization  |  | lease specify): PROCESSED                              |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA  |           |               |             |                                       |
|---|-----------|---------------|-------------|---------------------------------------|
| 2. Enter the information requested for the following:   |           |               |             |                                       |
| • Each promoter of the issuer, if the issuer has been organized within the past five years;                         |           |               |             |                                       |
| <ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of</li> </ul> |           |               |             |                                       |
| <ul> <li>Each executive officer and director of corporate issuers and of corporate general and man</li> </ul>       | naging pa | irtners of pa | rtne        | ship issuers; and                     |
| <ul> <li>Each general and managing partner of partnership issuers.</li> </ul>                                       |           |               |             |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner K Executive Officer   | X D       | rirector      |             | General and/or<br>Managing Partner    |
| Full Name (Last name first, if individual)  Hill, William J.  |           |               |             |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  545 E. John Carpenter Fwy., #1600, Irvin  | 1g, 1     | x 750         | 62          |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer   |           | Pirector      | X           | General and/or Managing%spex Venturer |
| Full Name (Last name first, if individual)  | -1        |               |             |                                       |
| Tri-Crescent Energy Corporation   |           |               |             |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |           |               | -           |                                       |
| 545 E. John Carpenter Fwy., #1600, Irvin  | ng, I     | rx 750        | 62          | <u></u>                               |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer   |           | Director      |             | General and/or<br>Managing Partner    |
| Full Name (Last name first, if individual)  |           | <del></del>   |             |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |           |               | <del></del> |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer   |           | Director      |             | General and/or<br>Managing Partner    |
| Full Name (Last name first, if individual)  |           | .,            | -           |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |           |               |             |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer   | r         | Director      |             | General and/or<br>Managing Partner    |
| Full Name (Last name first, if individual)  |           |               |             |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |           |               |             |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer   |           | Director      |             | General and/or<br>Managing Partner    |
| Full Name (Last name first, if individual)  |           |               |             |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |           |               |             |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer   |           | Director      |             | General and/or<br>Managing Partner    |
| Full Name (Last name first, if individual)  |           |               |             |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  | •         |               |             |                                       |

|     | B. INFORMATION ABOUT OFFERING   |                      |                      |                      |                      |                      |                                       |                      |   |                      |                      |                    |                |  |
|-----|---|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------------------------|----------------------|---|----------------------|----------------------|--------------------|----------------|--|
| 1.  | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.   |                      |                      |                      |                      |                      |                                       |                      |   |                      | Yes                  | No<br>□            |                |  |
| 2   | With an in-   |                      | :                    |                      |                      |                      |                                       | _                    |   |                      |                      | <sub>s</sub> 5000. |                |  |
| 2.  | 2. What is the minimum investment that will be accepted from any individual?  |                      |                      |                      |                      |                      |                                       |                      |   |                      |                      | →<br>Yes           | No No          |  |
| 3.  | . Does the offering permit joint ownership of a single unit?  |                      |                      |                      |                      |                      |                                       |                      |   |                      | K.                   |                    |                |  |
| 4.  | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                      |                      |                      |                      |                                       |                      |   |                      |                      |                    |                |  |
| Ful | Full Name (Last name first, if individual)  N/A   |                      |                      |                      |                      |                      |                                       |                      |   |                      |                      |                    |                |  |
| Bu  | siness ór   | Residence            | Address (N           | lumber and           | l Street, C          | ity, State, Z        | Zip Code)                             |                      |   | - <u>-</u>           |                      |                    |                |  |
| Na  | me of As:   | sociated Br          | oker or De           | aler                 |                      |                      |                                       | <del></del>          |   |                      |                      |                    |                |  |
| Sta | tes in Wi   | nich Person          | Listed Has           | s Solicited          | or Intends           | to Solicit           | Purchasers                            |                      |   |                      |                      |                    |                |  |
|     | (Check  | "All States          | " or check           | individual           | States)              | ••••••               | ••••••                                |                      |   |                      | ······               | ☐ Al               | 1 States       |  |
|     | IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD       | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT                  | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY     | MO<br>PA<br>PR |  |
| Ful | l Name (  | Last name            | first, if ind        | ividual)             |                      |                      |                                       |                      |   |                      |                      |                    |                |  |
| Bu  | siness or   | Residence            | Address (1           | Number an            | d Street, C          | City, State,         | Zip Code)                             |                      |   |                      |                      |                    |                |  |
| Na  | me of As  | sociated Br          | oker or De           | aler                 |                      |                      | · · · · · · · · · · · · · · · · · · · | <del> </del>         |   |                      |                      |                    |                |  |
| Sta | tes in Wh   | nich Person          | Listed Has           | s Solicited          | or Intends           | to Solicit           | Purchasers                            |                      |   |                      |                      |                    |                |  |
|     | (Check  | "All States          | " or check           | individual           | States)              |                      |                                       |                      | *************************************** |                      |                      | ☐ Al               | l States       |  |
|     | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT                  | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY     | MO<br>PA<br>PR |  |
| Ful | l Name (  | Last name            | first, if ind        | ividual)             |                      |                      |                                       |                      | <u>.</u>                                |                      |                      |                    |                |  |
| Bu  | siness or   | Residence            | Address (1           | Number an            | d Street, C          | City, State,         | Zip Code)                             | <del></del>          |   |                      |                      | <del></del>        | · <del></del>  |  |
| Na  | me of As  | sociated Br          | oker or De           | aler                 |                      |                      |                                       |                      | •                                       |                      |                      |                    |                |  |
| Sta | tes in Wh   | nich Person          | Listed Has           | s Solicited          | or Intends           | to Solicit           | Purchasers                            |                      |   |                      |                      |                    |                |  |
|     | (Check  | "All States          | " or check           | individual           | States)              |                      | ••••••••••••                          |                      | *************************************** |                      |                      | ☐ AI               | l States       |  |
|     | AL<br>IL<br>MT  | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT                  | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA                    | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY     | MO<br>PA<br>PR |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| ۱. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |                                      |
|----|--|-----------------------------|--------------------------------------|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold               |
|    | Debt\$   |                             | <b>s</b>                             |
|    | Equity\$   |                             | \$                                   |
|    | Common Preferred   |                             |                                      |
|    | Convertible Securities (including warrants)  |                             |                                      |
|    | Partnership Interests  |                             |                                      |
|    | Other (Specify Joint Venture Interests \$  |                             |                                      |
|    | Total\$  | 828,000                     | s                                    |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             |                                      |
|    |  | Number<br>Investors         | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors   |                             | s                                    |
|    | Non-accredited Investors   |                             | <u></u>                              |
|    | Total (for filings under Rule 504 only)  |                             | \$                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                                      |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold                |
|    | Rule 505   | -                           | S                                    |
|    | Regulation A   |                             | s                                    |
|    | Rule 504   |                             | \$                                   |
|    | Total  |                             | \$                                   |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             | <u> </u>                             |
|    | Transfer Agent's Fees  |                             | S                                    |
|    | Printing and Engraving Costs   |                             | \$                                   |
|    | Legal Fees   |                             | \$                                   |
|    | Accounting Fees  |                             | \$                                   |
|    | Engineering Fees   |                             | \$                                   |
|    | Sales Commissions (specify finders' fees separately)   |                             | <u> </u>                             |
|    | Other Expenses (identify) Organizational costs, Blue Sky Fili  | inas. TV                    | s 91,080.                            |
|    | Total accounting & other syndication   |                             | \$_ 91,080.                          |

| ш   |  |  |   |
|-----|--|--|---|
|     | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   |  | <sub>\$</sub> 736,920.                            |
| 5.  | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |  |   |
|     | •  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                             |
|     | Salaries and fees  | ]\$  | . 🗆 \$  |
|     | Purchase of real estate  | ] \$   | . <b>s</b>  |
|     | Purchase, rental or leasing and installation of machinery and equipment  | ] <b>\$</b>  | . <b></b>   |
|     | Construction or leasing of plant buildings and facilities  | <b>]</b> \$  | . <b>S</b>  |
|     | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | ¬\$  |   |
|     | Repayment of indebtedness  |  | _   |
|     | Working capital  |  |   |
|     | Other (specify): Turnkey Drilling [  |  |   |
|     |  |  | s   |
|     | Column Totals  | ].   | [X\$_736,920                                      |
|     | Total Payments Listed (column totals added)  | <b>X</b> \$  | 736,920   |
| Г   | D. FEDERAL SIGNATURE   |  |   |
| sig | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the V.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F   | sion, upon writte                                      | le 505, the following<br>in request of its staff, |
|     | uer (Print or Type) Orth Hillje Prospect, Malota #2 Joint Venture  | Date 3   | 31/08   |
|     | me of Signer (Print or Type)  Title of Signer (Print or Type)  Title of Signer (Print or Type)  Title of Signer (Print or Type)  | n Managi   | ng Venture  |

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|    | E. STATE SIGNATURE   |     |      |  |  |  |
|----|--|-----|------|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No X |  |  |  |
|    | See Appendix, Column 5, for state response.  |     |      |  |  |  |

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)             | Signature               | Date                  |
|------------------------------------|-------------------------|-----------------------|
| North Hillje Prospect, Malo        |                         |                       |
| Name (Print or Type) Joint Venture | Title (Print or Type)   | <u> </u>              |
| Bill Hill, President, Tri-C        | escent Energy Corporati | on, Managing Venturer |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       | APPENDIX                       |  |  |  |                           |          |             |     |  |  |  |  |
|-------|--------------------------------|--|--|--|---------------------------|----------|-------------|-----|--|--|--|--|
| l     | Intend<br>to non-a<br>investor | 2 d to sell accredited rs in State 8-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |                           |          |             |     | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |  |  |
| State | Yes                            | No   | Jt. Venture<br>Interests   | Number of<br>Accredited<br>Investors                           | Accredited Non-Accredited |          |             | Yes | No   |  |  |  |
| AL    |                                |  |  |  |                           |          |             |     |  |  |  |  |
| AK    | <br>  .                        |  | -  |  |                           |          |             | ,   |  |  |  |  |
| AZ    | X                              | 1  | \$828,000  |  |                           |          |             |     | _ x  |  |  |  |
| AR    |                                |  |  |  |                           |          |             | 1   |  |  |  |  |
| CA    | X                              |  | 828,000  |  |                           |          |             |     | x  |  |  |  |
| СО    | x                              |  | 828,000  |  |                           |          |             |     | X  |  |  |  |
| СТ    |                                | 1  |  |  |                           |          |             | 1   |  |  |  |  |
| DE    |                                | !  |  |  |                           |          |             | !   |  |  |  |  |
| DC    |                                |  |  | <u> </u>   |                           |          | <u>L</u>    | }   |  |  |  |  |
| FL    | <b>X</b>                       | 1  | 828,000  | <u> </u>   |                           |          | <u> </u>    |     | X  |  |  |  |
| GA    | X                              | 1  | 828,000  | <u> </u>   |                           |          |             | 1   | X  |  |  |  |
| HI    | <u> </u>                       |  |  |  |                           |          |             |     |  |  |  |  |
| ID    | ı                              |  |  |  |                           |          |             | 1   |  |  |  |  |
| IL    | Х                              |  | 828,000  | ·  |                           |          |             |     | X  |  |  |  |
| IN    | х                              | 1  | 828,000  | <br>   |                           |          |             | 1   | X  |  |  |  |
| IA    | x_                             | ļ  | 828,000  |  |                           |          |             |     | X  |  |  |  |
| KS    | ļ<br>                          | <u>                                     </u> |  |  | <br>                      |          |             |     |  |  |  |  |
| KY    | <u>.</u>                       | <u> </u>                                     |  | · · · · · · · · · · · · · · · · · · ·                          |                           |          |             |     |  |  |  |  |
| LA    |                                | ļ  |  | <u></u>  |                           |          |             |     |  |  |  |  |
| ME    |                                | ,  |  | <u> </u>   |                           |          |             |     |  |  |  |  |
| MD    | х                              |  | 828,000  |  |                           |          | <del></del> |     | Х  |  |  |  |
| МА    | x                              |  | 828,000  |  |                           | <u> </u> | <del></del> |     | X  |  |  |  |
| MI    | х                              |  | 828,000  |  |                           |          |             |     | <u>x</u>   |  |  |  |
| MN    | x                              | ļ <u>-</u>                                   | 828,000  |  | <u> </u>                  |          |             |     | x  |  |  |  |
| MS    | х                              |  | 828,000  |  |                           |          |             |     | х  |  |  |  |

#### 3 4 1 2 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Jt. VentureAccredited Non-Accredited Interests State Yes No Investors Investors Amount Yes No Amount MO MT 828,000 X X NE ; **X** X 828,000 ΝV NH NJ X X 828,000 NM X 828,000 X NY NC ND OH OK X 828,000 OR X PΑ Rſ SC SD TN X 828,000 X TX 828,000 X UT VT VA X 828,000 X WAWVWL

**APPENDIX**